

Number of each in
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 176
Registered No. 195

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Leroy Griffin { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other ✓ 6. Legitimate? yes 7. Date of birth Oct. 21, 1928
Month Day Year

8. FATHER
Full name Floyd Griffin
9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.
10. Color or race White
11. Age at last birthday 35 (Years)

14. MOTHER
Full maiden name Agnes Richardson
15. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Devine, Texas
(State or country)
13. Occupation Storekeeper
Nature of industry

18. Birthplace (city or place) Tulosa, New Mexico
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother Five (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living Four
(b) Born alive but now dead one
(c) Stillborn none
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:45 A.M. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature T. E. Harper
physician (Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Arizona
Month, day, year _____ Filed 11/8, 1928 H. E. Wightman Registrar
Registrar _____

375-1021-195